

|                      |   |    |   |
|----------------------|---|----|---|
| PAGE                 | 1 | OF | 2 |
| FOR SE OF FORM 24/48 |   |    |   |

|   |   |
|---|---|
| NAME OF COMMITTEE (In Full)<br><b>Protect Louisiana, Inc.</b>   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00609917</span> </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px 10px;">MM / DD / YYYY</span> |   |

|   |             |  |   |
|---|-------------|--|---|
| Full Name of Payee<br><b>Seabaugh, Catherine, , ,</b>               |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 30 / 2016  |   |
| Mailing Address 401 Market St<br>Ste 1150                           |             | Amount<br>4034.28  |   |
| City<br>Shreveport  | State<br>LA | Zip Code<br>71101  | Transaction ID : SE.4181<br>Date of Disbursement or Obligation<br>MM / DD / YYYY  |
| Purpose of Expenditure<br>Digital Advertising (See Sch. D for Debt) |             | Category/<br>Type  |   |
| Name of Federal Candidate<br>JOHNSON, JAMES MICHAEL, , ,            |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date<br>Per Election for Office Sought             |             | 0.00   | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶     |

|   |   |   |  |
|---|---|---|--|
| Full Name of Payee                                      |   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY   |  |
| Mailing Address   |   | Amount<br>\$ _____  |  |
| City  | State   | Zip Code  | Date of Disbursement or Obligation<br>MM / DD / YYYY |
| Purpose of Expenditure                                  | Category/<br>Type   |   |  |
| Name of Federal Candidate                               | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought:<br><input type="checkbox"/> President <input type="checkbox"/> Senate  | District: _____<br>State: _____                      |
| Calendar Year-To-Date<br>Per Election for Office Sought | _____   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► _____ |  |

|  |   |                    |
|--|---|--------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....    | ▶ | <div>4034.28</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... | ▶ | <div></div>        |
| (c) <b>TOTAL</b> Independent Expenditures.....                   | ▶ | <div></div>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*[Electronically Filed]*

Signature

Date \_\_\_\_\_